

**Kentucky Law Enforcement Council
POPS Form F – Status Update
(Certification – KLEFPF – Training)**

Instructions: This form must be completed for full time officers at KLEFPF participating agencies whenever the following personnel actions occur: Employment, full-time to part-time, part-time to full-time, separation, leave without pay, or suspension without pay.

Officer Information:

____ - ____ - ____ / ____ / ____
Social Security Number Date of Birth NAME: First M.I. Last

Employment: (KLEFPF Agencies Only)

____, 19/20 ____
Date of Employment

____ / ____ / ____ ____ / ____ / ____
From To
Previous Law Enforcement Agency (Most Recent)

____ / ____ / ____ ____ / ____ / ____
From To
Previous Law Enforcement Agency

____ / ____ / ____ ____ / ____ / ____
From To
Previous Law Enforcement Agency

____ / ____ / ____ ____ / ____ / ____
From To
Previous Law Enforcement Agency

Termination/Resignation/Retirement:
(KLEFPF Agencies Only)

____ 20 ____
Effective Date

Number of regular working hours if less than a full month:
____ Hours

Indicate Hours Worked during last month of employment:

Month	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Will this officer be participating in a retirement system? If so:

Name of Retirement System

Percentage contributed by city/county

What date will retirement contribution begin?

- Suspension Without Pay Sick Leave Without Pay
 Leave Without Pay Other (please explain below)

From: _____, 20 ____

To: _____, 20 ____

TOTAL working hours without pay _____

Agency Certification:

I hereby verify that the above information is true and accurate. Signed this ____ day of _____ 20 ____.

Signature of Law Enforcement Agency Executive

Name of Agency

Printed Name of Signer

Agency Phone Number

I hereby verify that the above information is true and accurate. Signed this ____ day of _____ 20 ____.

Signature of Mayor/Fiscal Officer/City Clerk

Name of Agency

Printed Name of Signer

Agency Phone Number